

Dear Potential School Bus Driver,

Thank you for placing an application with Florence 1 Schools. We are looking for good, safe, dedicated, and qualified drivers to transport our students to and from school daily.

Please be aware, you must meet these criteria before we can complete your application status.

1. A SLED background check. If there are any outstanding charges, (meaning charges which have not been adjudicated) we will not be able to consider you for employment. If there are any convictions of criminal domestic violence, moral turpitude, assault, robbery, weapons, felonies, etc. they will disqualify you. All other misdemeanor charges not listed will be decided on a case by case basis.
1. You will need a ten (10) year driving record from the SC Department of Motor Vehicles. If you have not been a resident of SC for at least three (3) years, you will need to provide a driving record from your previous state of residence.
2. Provide good references with contact numbers. We must be able to contact current and former employers for reference information.
3. Complete a South Carolina School Bus Driver Training Class, get a CDL Permit, and complete a minimum of 10 hours of road training.
4. Be able to pass a USDOT physical, have good vision, and pass a pre-employment drug and alcohol test.
5. Successfully complete a CDL road test at the DMV to receive your CDL Class B license.

Please be truthful on your application. If for any reason, we find information, which was not correct at a later date, and you are already employed, it may result in separation from employment.

Should you have any questions, please feel free to ask any of our Transportation Office Staff. Thank you for applying for employment with Florence One Schools.

Sincerely,

Mitchell Washington

Mitchell M. Washington

Interim Director of Transportation

1810 E National Cemetery Rd

Florence, SC 29506

P: 843-673-1118

F: 843-673-5797



Office Of Transportation

Name _____

First Middle Last

Address _____

Street City State Zip

SS No. _____ Cell No. _____ Home No _____

ADDRESS FOR THE PAST THREE (3) YEARS

Street	City	State	Zip	How Long
--------	------	-------	-----	----------

Street	City	State	Zip	How Long
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[illegible]

EXPERIENCE AND QUALIFICATIONS – BUS DRIVER

DRIVER LICENSE NO.	STATE	CLASS	ENDORSEMENTS	RESTRICTIONS	EXPIRATION DATE

OVER-ALL DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE (VAN, TANK, FLAT, ETC)	DATE TO FROM	APPROX NO. OF MILES TOTAL
Straight Truck			
Tractor and Semi-Trailer			
School Bus			
Other			

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**An Equal Opportunity, Title IX Employer
Application for School Bus Driver / Monitor**

Name: _____
First Middle Last

License No. _____ State: _____ Expiration Date: _____

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (attach extra sheet if more space is needed)

Date of Accident	Nature of Accident	Fatalities	Injuries

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)

Location	Date	Charge	Penalty

1. Have you ever been denied a license, a permit, or privilege to operate a vehicle? Yes () No ()
2. Has any license, permit, or privilege ever been suspended or revoked? Yes () No ()
3. Have you ever been convicted of a felony or misdemeanor other than a minor Traffic violation? Yes () No ()
4. Have you failed a drug or alcohol test with a previous employer? Yes () No ()

If you answered YES to any of the above questions, please give explanation below or attach a separate statement giving details.

I certify the information I have provided is correct and true to the best of my knowledge. My signature represents consent to release my driving record information. I understand that supplying false information may result in my not being considered for employment of if I am employed, shall be considered sufficient cause for my dismissal.

Applicants Signature

Date

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Application for School Bus Driver / Monitor

FLORENCE 1 SCHOOLS
319 South Dargan Street
Florence, SC 29506 – 2589
(843) 669-4141

Florence 1 Schools policy, GAM, states that, "A criminal record history check on ALL employees MUST be obtained from S.L.E.D. prior to their employment". Your date of birth is needed to accurately perform this search. This information will only be used for the S.L.E.D. check and for no other reason. Please complete this form and return it with your application.

Date of Birth

Applicants Name (Print)

Applicants Signature

Date Signed



Office Of Transportation

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Employment Record (Attach sheet if more space is needed) NOTE: DOT Regulations require previous employment for at least three years and / or Commercial Experience for the past 10 years.

LAST – Employer Name: _____ Phone No. _____

Street City State Zip

Position Held _____ Start Date _____ End Date _____

Reason for Leaving _____

Supervisor's Name: _____

SECOND – Employer Name: _____ Phone No. _____

Street City State Zip

Position Held _____ Start Date _____ End Date _____

Reason for Leaving _____

Supervisor's Name: _____

THIRD– Employer Name: _____ Phone No. _____

Street City State Zip

Position Held _____ Start Date _____ End Date _____

Reason for Leaving _____

Supervisor's Name: _____

To be read and signed by the Applicant

My signature below indicates that I have completed this application for employment accurately and truthfully. I understand the misrepresentation of factual information is cause for dismissal should I be employed by Florence 1 Schools.

Date Applicants Signature Date Available for Employment

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

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APPLICATION FOR SCHOOL BUS DRIVERS EMPLOYMENT

Licensing State: _____ License No.: _____ License Class: _____

[illegible]

Date _____

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REFERENCES (Note: Do Not list relatives or former employers)

1- Name: _____ Phone: _____

Address: _____
Street City State Zip

2- Name: _____ Phone: _____

Address: _____
Street City State Zip

3- Name: _____ Phone: _____

Address: _____
Street City State Zip

4- Name: _____ Phone: _____

Address: _____
Street City State Zip

I certify that the references I have provided are not my relatives or former employers. I understand that supplying false information may result in my not being considered for employment or if I am employed, shall be considered sufficient cause for my dismissal.

Signature of Applicant

Date

FOR OFFICE USE ONLY: I certify that I have carefully evaluated the qualifications of this appicate and recommend the following action:

- () Applicant be admitted into the South Carolina school bus training program.
() Applicant be rejected for admission into the South Carolina school bus training program

REASON FOR REJECTION

- () Does not possess a valid driver's license () Bad driving record
() Criminal background () History of drug/alcohol abuse
() Conviction of a sex offense and or crimes of violence involving force on minors
() Other (explain) _____

Signature of Transportation Official

Date

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Office of Transportation
1810 East National Cemetery Road
Florence, SC 29506

Office (843) 673-1118

Fax (843) 673-5797

Name: _____
First Middle Last

Address: _____
Street City State Zip Code

Position Applying For _____

The person named above is applying for a position as shown. As part of our employee selection process, an applicant must furnish professional references. We ask that these references come from persons who have known the applicant well enough to vouch for suitability to work in public schools in the position being sought. The applicant's signature below indicates waiver of the right to see this form; therefore, the information you provide on this form will be considered confidential. If the applicant does not sign the waiver below, we cannot insure that the applicant will not have access to your ratings.

Excellent (top 10%) 2- Above Average (top 25%) 3-Average (Mid 50%) 4- Below Average (bottom 25%) X-Unknown

	1	2	3	4	X		1	2	3	4	X
Attendance						Dependability					
Attitude Towards Supervisor						Punctuality					
Ability to Accept Constructive Criticism						Initiative					
Cooperation with Co-Workers						Personal Appearance					

1. How long have you known the applicant? _____
2. How do you know the applicant? _____
3. Have you supervised the applicant? _____
4. Would you employ or re-employ the applicant? _____
5. If the applicant left your organization, Why? _____

Signature of Evaluator _____

Date _____

Print Evaluator's Name _____

I hereby waive the right to review the confidential reference information provided on this form.

Applicant's Name (Print)

Applicant's Signature

Date

Title of Evaluator

Address

City

State

Zip

Office Phone

Cell Phone



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RECORD OF PAST DRIVER DRUG AND ALCOHOL TEST RESULTS

To Previous Employer: _____

The person named below has applied to Florence 1 Schools for employment. The applicant has listed your company as a past employer. Pursuant to Federal Motor Carrier Safety Regulation, Part 382, Florence 1 Schools is requesting information on previous drug and alcohol testing and programs he/she was a part of for commercial motor vehicle operators. As you will see below the applicant has waived any claims of liability against your company for information submitted in response to this inquiry.

Name of Applicant: _____
Social Security No. _____ Date of Birth _____
Dr. License No. _____ State: _____
Position applied for: _____

This information is being requested in compliance with Part 40, 25,383, and 405 (f) and (h) of the FMCSR'S.

- | | |
|--|----------------|
| 1. Has the person named above had a verified positive drug test? | Yes () No () |
| 2. Has the person named above ever had an alcohol test with an alcohol concentration Of .04 or greater? | Yes () No () |
| 3. Has the person named above refused to be tested (including verified adulterated or Substituted drug test results? | Yes () No () |
| 4. Has the person named above committed other violations of a DOT agency drug and alcohol testing regulation? | Yes () No () |
| 5. Has the person named above violated a DOT drug and alcohol regulation? | Yes () No () |
| 6. If you answered YES, Do you have documentation of the employees successful Completion of the DOT return-to-duty requirements, including follow-up test?
(Please send this documentation back with this form if applicable) | Yes () No () |

WAVIER: I hereby authorized the previous employer listed above to release all information concerning my drug and alcohol history. I hereby release the previous employer listed above from any and all liability of any type by providing the above-mentioned information to Florence 1 Schools, Office of Transportation.

Applicants Name (Print): _____

Applicants Signature: _____

Name of Witness (Print): _____

Signature of Witness: _____

_____ Date

Please return this form along with any other documents requested within ten days (10) to the address at the top of this form to the attention of Cindy Ward, Coordinator of Transportation. Date: _____



South Carolina Department of Education School Bus Driver Training and Admission Record

This form **MUST** be completed electronically and forwarded via email to the appropriate South Carolina Department of Education (SCDE) Driver Trainer and to the instructor (if not an SCDE Driver Trainer) prior to the first day of the class. Applicant/driver **MUST** bring valid driver's license to class.

(This section to be completed by district transportation official based on employment application information)

Last Name				Suffix		First Name		Middle Name/Initial		Phone Number	
Street Address				City		State		Zip		County of Residence:	
Mailing Address/P.O. Box				City		State		Zip		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
E-Mail Address (Required for End-of-Course Testing)											
Driver's License Information:											
License Number		State		Class		Restrictions		Endorsements		Expiration Date	
										Date of Birth (MM/DD/YYYY)	
Does applicant have a current Commercial Learner's Permit (CLP)? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If Yes, complete the following: State _____ Class _____ Restrictions _____ Endorsements _____ Expiration Date _____											

(This section to be completed by district transportation official)

School District Info:		Driver's School:	
Name of School District		County/District Code	

Select the classroom training needed:

<input type="checkbox"/>	Initial Classroom Training (Registrant will attend entire SCDE Classroom Training Course)
Location: _____ Date: _____ Instructor: _____	
Location of Instruction Date of Instruction Instructor's Name	
<input type="checkbox"/>	In-Service Classroom Training (Registrant will complete module(s) selected from chart below).
Module(s): _____ Location: _____ Date: _____ Instructor: _____	
Module Code(s) Location of Instruction Date of Instruction Instructor's Name	
Specify if Other District Choice Training _____	

Select the primary position the applicant has/will have with school district:

<input type="checkbox"/> Regular Route/Special Needs Route Driver	<input type="checkbox"/> Substitute Driver	<input type="checkbox"/> Teacher/Coach	<input type="checkbox"/> Activity Trip Driver/Volunteer	<input type="checkbox"/> Attendant
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Select the type of certificate to be obtained:

<input type="checkbox"/> Certificate A Commercial (Full-functional School Bus)	<input type="checkbox"/> Certificate A Non-Commercial (Full-functional School Bus)
<input type="checkbox"/> Certificate B Commercial (Multi-functional School Activity Bus)	<input type="checkbox"/> Certificate B Non-Commercial (Multi-functional School Activity Bus)
<input type="checkbox"/> Certificate C Commercial (Private School Full Functional Bus)	<input type="checkbox"/> Certificate C Non-Commercial (Private School Full-functional Bus)

The above named person is recommended for admission into the school bus driver training program for the type of instruction indicated.

School District Transportation Supervisor Name	School District Transportation Supervisor Signature	Date
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SCDE Training Module Codes

Code	Description	Code	Description
1	Module 1, Driver Responsibilities	UP	Universal Precautions
2	Module 2, Basic Operations	FA	First Aid
3	Module 3, The Air Brake System	SN	Special Needs Training, Drivers/Attendants
4	Module 4, School Bus Driving Procedures	BE-1	Bus Evacuation
5	Module 5, Accidents/Other Emergencies	GOTB	Get on the Bus
6	Module 6, The People Factor	DC	Other District Choice (Specify Above)
7	Module 7, Students with Special Transportation Needs		